U. S. No. 2
100M—2-43
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I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1945

State File No. 21676

Registration District No. 818 Primary Registration District No. 1623 Registrar's No. 6322

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-9-45 to 7-22-45 (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1251 Bayard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Meyer Berg
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Priva Berg
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased unknown (Month) — (Day) — (Year)

8. AGE:	Years	Months	Days	If less than one day
about	66	--	--	hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 6
10. Usual occupation Retired
11. Industry or business Carpenter
FATHER
12. Name unknown
13. Birthplace (City, town, or county) Russia (State or foreign country) 10
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Russia (State or foreign country) 10
16. (a) Informant Mrs. Mollie Spector
(b) Address 6015 Maple Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Chevra Kadisha Cem.
18. (a) Signature of funeral director Herman Rindstopf
(b) Address 5216 Delmar Blvd.
19. (a) JUL 23 1945 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from 4-9-45, 19..., to 7-22-45, 19...; that I last saw him alive on 7-22-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration

Due to

Due to

Other conditions Laennec's cirrhosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Refused

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette ave. Date signed 7-22-45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Keller

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.